



Commuter Assistance Program All-In-One Application

First Name		Initial		Last Name		
Home Address		City		Zip Code		
Work Address		City		Zip Code		
Agency/Dept.		Bldg/Room #		Work Hours		
Work Phone				Work Days		
E-Mail Address				Miles To Work		(one-way)

How do you currently commute to work?

☐ Drive Alone

☐ Carpool

☐ Bus

☐ Bike

☐ Metrolink/Amtrak

☐ Vanpool

☐ Walk

☐ Other _____

Commuter Club Application Section - for those that rideshare already

☐ Yes, I commit to rideshare at least 5 days per month. Estimated days that I currently rideshare: _____

Carpool Classifieds Section - for those that want help finding a carpool match

☐ Yes, list my name, home city, work hours, work phone number and/or e-mail address in the Carpool Classifieds section of the Commuter Assistance Program web site so other County employees can contact me.

Get Into Training Application Section for those that want to try riding the train to work

☐ New Rider Subsidy - Please send me a complimentary 4-trip ticket. I certify that I have not taken the train to work within the past year. I understand that to receive additional subsidized passes, I must provide proof that I have purchased my own ticket(s) or pass(es) as described in the program guidelines. The Metrolink station nearest my home is _____ and the station nearest my work is _____.

☐ Current Rider Subsidy - I have enclosed copies of my tickets, or passes, or cancelled checks, or credit card receipts showing that I have used the train to commute to work at least one day per week for at least six months. I understand that I can only receive this subsidy once during a twelve-month period.

Try The Bus On Us Application Section for those that want to try riding the OCTA bus to work

☐ Please send me a complimentary 1-day bus pass. I understand that if I like riding the bus and decide to purchase the annual bus pass through payroll deductions, I will not be charged for my first month of riding the bus.

Authorization Section - MUST BE SIGNED AND DATED

I have read the Commuter Assistance Program Overview/ Guidelines and I understand that above information may be used by the Commuter Assistance Program office to organize carpools, vanpools or distribute requested information. I understand the home address information will only be used to send me information or subsidies or rebates that I have requested. I agree to complete the annual transportation survey distributed to all employees each September.

Signature		Date	
-----------	--	------	--

Please interoffice mail this form to: Rideshare Office, Bldg. 10, First Floor, Santa Ana